HOMME HOME FOR THE AGING 604 SOUTH WEBB STREET

WITTENBERG 54499 Phone: (715) 253-2125 Ownership: Nonprofit Church Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? Yes Number of Peridotte on 12/3/203: No Number of Peridotte on 12/3/203: 129 Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 126 Average Daily Census: 124

Services Provided to Non-Residents	Age, Gender, and Primary Di	-			Length of Stay (12/31/03)	) %	
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	8	Less Than 1 Year	17.5 51.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	4.8	More Than 4 Years	20.6
Day Services	No	Mental Illness (Org./Psy)	41.3	65 - 74	6.3		
Respite Care	Yes	Mental Illness (Other)	7.1	75 - 84	22.2		89.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	57.9	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.2	95 & Over	8.7	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	2.4			Nursing Staff per 100 Re	esidents
Home Delivered Meals	No	Fractures	2.4		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	12.7	65 & Over	95.2		
Transportation	No	Cerebrovascular	7.1			RNs	15.0
Referral Service	No	Diabetes	0.8	Gender	용	LPNs	7.5
Other Services	No	Respiratory	2.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	19.8	Male	34.1	Aides, & Orderlies	52.2
Mentally Ill	No			Female	65.9		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
**********	***	* * * * * * * * * * * * * * * * * * * *	****	*****	*****	*******	*****

## Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	010	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	4.8	175	0	0.0	0	0	0.0	0	1	0.8
Skilled Care	10	100.0	315	89	93.7	116	0	0.0	0	18	85.7	155	0	0.0	0	0	0.0	0	117	92.9
Intermediate				6	6.3	97	0	0.0	0	2	9.5	145	0	0.0	0	0	0.0	0	8	6.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		95	100.0		0	0.0		21	100.0		0	0.0		0	0.0		126	100.0

HOMME HOME FOR THE AGING

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					0. M 1'		
	!	5 11 11 1	0		% Needing	0 5 1 1 1	Total
Percent Admissions from:		Activities of	8		sistance of	2	Number of
Private Home/No Home Health	3.4	Daily Living (ADL)	Independent	One	Or Two Staff	-	Residents
Private Home/With Home Health	2.3	Bathing	0.0		67.5	32.5	126
Other Nursing Homes	9.2	Dressing	7.1		69.8	23.0	126
Acute Care Hospitals	79.3	Transferring	26.2		51.6	22.2	126
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.9		57.1	27.0	126
Rehabilitation Hospitals	0.0	Eating	51.6		42.1	6.3	126
Other Locations	5.7	******	*****	*****	*****	******	*****
otal Number of Admissions	87	Continence		용	Special Treatmen	ts	용
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	11.1	Receiving Resp	iratory Care	7.9
Private Home/No Home Health	18.1	Occ/Freq. Incontiner	t of Bladder	9.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	15.7	Occ/Freq. Incontiner	t of Bowel	38.1	Receiving Suct	ioning	0.0
Other Nursing Homes	3.6				Receiving Osto	my Care	0.8
Acute Care Hospitals	8.4	Mobility			Receiving Tube	Feeding	2.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	23.8
Rehabilitation Hospitals	0.0						
Other Locations	10.8	Skin Care			Other Resident C	haracteristics	
Deaths	43.4	With Pressure Sores		1.6	Have Advance D	irectives	94.4
otal Number of Discharges	Ĺ	With Rashes		4.0	Medications		
(Including Deaths)	83 j				Receiving Psyc	hoactive Drugs	54.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

***************************************											
		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	his Nonprofit			-199	Ski	lled	Al	1		
	Facility	Facility Peer Group		Peer	Group	Peer Group		Facilities			
	용	૪	Ratio	8	Ratio	%	Ratio	8	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	95.5	86.2	1.11	84.0	1.14	84.0	1.14	87.4	1.09		
Current Residents from In-County	66.7	78.8	0.85	80.7	0.83	76.2	0.87	76.7	0.87		
Admissions from In-County, Still Residing	33.3	24.5	1.36	21.5	1.55	22.2	1.50	19.6	1.70		
Admissions/Average Daily Census	70.2	110.9	0.63	135.6	0.52	122.3	0.57	141.3	0.50		
Discharges/Average Daily Census	66.9	116.1	0.58	137.2	0.49	124.3	0.54	142.5	0.47		
Discharges To Private Residence/Average Daily Census	22.6	44.0	0.51	62.4	0.36	53.4	0.42	61.6	0.37		
Residents Receiving Skilled Care	93.7	94.4	0.99	94.8	0.99	94.8	0.99	88.1	1.06		
Residents Aged 65 and Older	95.2	96.1	0.99	94.5	1.01	93.5	1.02	87.8	1.09		
Title 19 (Medicaid) Funded Residents	75.4	68.3	1.10	71.9	1.05	69.5	1.08	65.9	1.14		
Private Pay Funded Residents	16.7	22.4	0.74	17.4	0.96	19.4	0.86	21.0	0.80		
Developmentally Disabled Residents	0.8	0.6	1.37	0.6	1.36	0.6	1.25	6.5	0.12		
Mentally Ill Residents	48.4	36.9	1.31	31.8	1.52	36.5	1.33	33.6	1.44		
General Medical Service Residents	19.8	17.2	1.15	21.1	0.94	18.8	1.05	20.6	0.97		
Impaired ADL (Mean)	51.3	48.1	1.07	47.6	1.08	46.9	1.09	49.4	1.04		
Psychological Problems	54.0	57.5	0.94	57.6	0.94	58.4	0.92	57.4	0.94		
Nursing Care Required (Mean)	5.1	6.8	0.74	7.8	0.65	7.2	0.71	7.3	0.69		